# Marijuana Flashback Phenomena

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## INTRODUCTION

Thirteen case studies are presented to review and augment the technical literature relevant to marijuana flashback phenomena and to provide the treating physician with both data and awareness concerning a potentially growing problem. Marijuana flashbacks are defined as apparently spontaneous recurrences of feelings and alterations of perception ordinarily accompanying the use of marijuana, without further administration of this agent (Annis 1973; Bialos 1970; Favazza 1969; Keeler 1967; Keeler 1968a). The cases to be presented are self-diagnosed. Most of these cases are, in the authors' opinion, not legitimate instances of what might be called spontaneous recurrences. Several cases, however, are sufficiently ambiguous to suggest they represent bona fide phenomena of marijuana flashbacks. It is important to understand that a marijuana-using subculture believes in the reality of this phenomena and reacts as if the phenomena were real.

For reasons dissociated from any pharmacological effect of marijuana, the treating physician or psychologist is more likely than ever to be confronted by people complaining of self-diagnosed "marijuana flashbacks." As legal penalties continue to be reduced, the use of marijuana is diffusing into a new population group. Smith and Mehl (1970) argue that use of marijuana is spreading into the older adult community, from children to parents, from younger peers to older peers and with natural maturation of former adolescent users. Those people described as "members of the middle-class culture committed to middle-class values," are also the most likely to have adverse reactions to marijuana (Smith & Mehl 1970). These older users are more likely to take their problems to traditional treatment sources, i.e., physicians and psychologists because they lack the younger user's access to other users as well as faith in counter-culture institutions which handle such problems (Weil 1970).

With one of the most convincing impediments to the use of marijuana in this population – the legal system – changing, the physician-marijuana user interface may also be affected. (Decriminalization has been recommended by governmental investigatory commissions in the United States, Canada and England as well as bodies of the American Medical Association and the American Bar Association.) At this writing, seven states and the District of Columbia have removed all jail terms for simple possession. This may not only remove previous blocks to experimentation, but may also have the effect of removing seldom enforced and perhaps illegal state regulations requiring physicians to report any treated drug-dependent persons to a governmental agency. This, too, should increase the number of cases treated by physicians that might previously have gone untreated from fear of legal entanglement.

Professionals unused to treating drug problems often fall prey to two tactical errors. The first is to approach the patient as a psychiatric emergency (Weil 1970). The second is to accept the user's self-diagnosis as

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either accurate or the best approximation available. This is most likely to be true for those whose practices are made up largely of the older individuals described above. Therefore, it is of significant value to report cases that demonstrate the possible existence of marijuana flashbacks, typical ways in which these cases present and some implications for the treatment of such persons.

## METHODS

The cases presented were initially received through the drug abuse "hot line" in a midwestern city. Being the only such service available and receiving an estimated 95 to 97 percent of all drug related hot line calls in the metropolitan area, it tended to have a socially and occupationally homogenous clientele (Levy & Brown 1974).

The only common factor in all these cases was the self-diagnosis of "marijuana flashback." A telephone counselor who was either a medical student or a trained paraprofessional initially dealt with each case. In some instances, the sum total of our data consisted of the written record of the call, generated by hand sorting of call report forms. In most, however, the caller participated in the therapeutic or social activities of the crisis center and was available for in-depth interviews by the authors. In addition, there were a number of callers complaining of marijuana flashbacks for whom only very incomplete data was available. These calls were eliminated from the discussion.

## THE CASES

The thirteen cases can be divided into five major categories that describe both the most obvious psychological symptoms and their etiological implications. The nature of these categories will be expounded with descriptive cases. They are: 1) prolonged anxiety reaction, 2) precipitation of psychotic reaction, 3) hallucinosis, 4) enhanced appreciation of environmental stimuli and 5) questionable cases.

### Prolonged Anxiety Reactions

The use of marijuana may occasion acute anxiety reactions in several different ways. First, unexpected or undesired loss of control over voluntary movement and mental activity may be frightening to some. Second, the use of marijuana may so conflict with the user's conscious or unconscious moral code that it initiates a reaction of severe guilt and anxiety. Third, a fear of police involvement and the concomitant social scandal causes anxiety in many users who do not otherwise demonstrate any clearcut delusions of persecution.

These factors alone and in combination have been noted in our cases. The cases of self-proclaimed marijuana flashbacks presenting as anxiety attacks seem to occur typically in one-time-only users. In addition, marijuana use with its legal, social or medical implications tends to conflict with older experimenters' sometimes rigid self-images. Their uncomfortable feelings are similar to the dysphoria observed in first-time heroin users who do not enjoy free-floating feelings.

The two cases presented here include an immature person trying to free himself from his rigid moral code and a young mother trying to be "sophisticated" with her teen-age son.

**Case 1:** A 24-year-old single, male, high school teacher called complaining of symptoms of acute anxiety, including fright, dry throat, palpitations, hyperventilation and sweating. He called for help as he was about to use marijuana for the second time. A group of his male and female associates had gathered to use marijuana, darkened the room lights and brought out the appropriate paraphernalia. His symptoms began just as the pipe was lit. The caller felt these symptoms represented a marijuana flashback because they were identical to the feelings he had experienced during and shortly after his first marijuana experience, two weeks prior. The caller described this first experience as very anxiety provoking, causing him to look constantly toward the door for intrusions, listen for sounds, spray the room with de-odorizer and be afraid to go home lest the odor on his clothes betray him to his parents. At one point during this first experience, he felt a frightening loss of control over his body and felt unable to stand up.

He described himself as strict, rigid, moralistic and "a real list maker." His personal history included a parochial school education from the elementary level through college. Prior to using marijuana, he very occasionally used cigarettes and alcohol. He lived at home with his parents. The caller could not explain why he smoked marijuana on the prior occasion or why he happened to be about to smoke it again, except to offer that his friends were encouraging him.

The caller was reassured by the worker that these effects probably represented his ambivalence about smoking and was counseled that his friends would like him even if he abstained. During the course of the call, the caller said he was tired of his straight image and desired to be more loose. He said he "never has any fun." The worker's impression was that he was socially immature and was trying to appear sophisticated. The worker also attempted to increase the caller's insight into the dynamics of his motivation to use marijuana. The caller seemed much relieved at the conclusion of the 30 minute call. He did not call back and no followup is

available.

**Case 2:** The caller was a 36-year-old divorced mother of a 14-year-old son. The caller had "turned on" early that evening at the request of and accompanied by her son. They smoked two marijuana cigarettes between them. The caller described the effects as "very mild lightheadedness." Their time together was spent listening to music, looking at her son's black-light posters and talking. After two hours, she felt they had sufficiently regained their sensibilities to "go about their business" and her son went upstairs to do his homework. At this time she became quite anxious and agitated and called the hot-line. In particular, she complained of free-floating anxiety and an inability to concentrate. There were also palpitations and fine muscular tremors, all judged by the caller to be minor. She felt this must be a flashback because "the effects were gone," i.e., the light headedness. It was explained to her that she was probably still under the influence of marijuana and the effects would decrease in time, perhaps as long as six hours for some users. During the course of the call, she became relaxed and went so far as to suggest that her *son* might be seen at the Crisis Center. (Unknown to her, her son was already actively involved in the program.)

The caller was divorced six years earlier. She used alcohol and cigarettes daily and barbiturates occasionally. The caller had no other children or outside interests and worked in an office stenographic pool where she constantly saw herself as "the old mother" and received little gratification or stimulation. She sounded somewhat frantic to the worker, but did not wish to discuss her personal problems with "a child" or come in for further counseling. Her son subsequently informed the authors that she had had no apparent recurrences or any further use of marijuana.

### Precipitation of Psychotic Reactions

The effects of marijuana, particularly at high doses, have been suggested to be occasionally associated with the precipitation of psychotic reactions in certain users (Bialos 1970; Keeler 1967; Smith 1968; Weil 1970). This may occur either by the "unleashing" of previously inhibited psychotic acting-out or by exposing the user to previously deeply repressed material. Other processes and mechanisms may be implicated.

Typically, callers complaining of marijuana flashbacks presenting with psychotic symptoms are in their early twenties and have significant psychiatric histories of characterological or behavioral disorders. They also tend to accept help, but do poorly in therapeutic situations. In addition, the members of this group are multiple drug users and are not well adjusted to their life situations. The cases presented demonstrate a schizophreni form reaction, isolated visual hallucination with a post-partum reaction and a frank paranoid schizophrenic psychosis.

**Case 3:** A 20-year-old single, unemployed woman, while attending a family party was shown home movies of "us while we were young." During one film, the subject saw herself playing with a doll that she, years later, habitually fondled while smoking marijuana. The caller felt 8 years old and lost all contact with the movie and her present situation. Then, she suddenly became aware that the movie was over and brought herself back to the reality of the moment. Her period of dissociation had not been noticed by her family, but she returned home upset and called the crisis center. She described auditory hallucinations of her parents' voices and complete identification with the image of herself on the screen. Her adult self seemed to stop existing. She felt it was a marijuana flashback because it was triggered by her associations with her doll.

With prolonged discussion, it emerged that during the last few marijuana episodes preceding this one, she had felt herself becoming a child again and had sat quietly in the corner of the room with her childhood doll as if she were a child. At the time, the caller had found this regression extremely pleasant, and she reported it to friends when persuading them to try marijuana, calling it "my nicest high."

This caller's past experiences included an unhappy marriage ending in divorce, several prolonged and painful extramarital affairs and current sexual behavior bordering on promiscuity. She was judged by the worker to be quite unpredictable and unreliable, and her persistent behavior pattern was consistent with a sociopathic personality. Her speech was very rapid and difficult to follow and the worker frequently asked her to define certain unusual words.

At the time, the caller was using marijuana once or less a week and no other drugs. From ages 17 to 19, the caller used LSD monthly and amphetamines at least weekly, depressants and alcohol "frequently" and cigarettes at a rate of one to two packs per day. She had had psychiatric therapy throughout adolescence although she would not say why. The caller also had used psychotropic medications from time to time.

Although she sounded calmer following her hour-long call, the worker suggested she come to the center for further counseling. She was seen by a counselor for six sessions over a three month period. She attempted to establish a seductive relationship with the male therapist and was overtly manipulative and deceitful. The goals of the therapy became increasingly

limited and it became apparent that the caller was not motivated toward change. Mental status examination and psychological testing suggested a probably schizo-affective disorder. When the therapist suggested transfer to a group therapy situation, the caller discontinued her therapy and did not respond to followup.

**Case 4:** Approximately two weeks after the birth of her second child, this 22-year-old married female with a Master's Degree in education shared a single marijuana cigarette with two other persons. All three reported being exceptionally "high," although a fourth person who rolled another cigarette from the same sample did not report any unusual effects. Shortly after completing the cigarette, the caller became obsessed with the feeling that one of her companions had her mother's face. She left the room suffering from what seemed to be an acute anxiety attack, with tremulousness, palpitations and sweats. During the following seven days, the caller had repeated occurrences of transferring the image of one person's face to another. She was unsure which of the faces were real and believed she was going insane. Her voice was low and sad and she was unable to eat or sleep or enjoy sexual relations. She called the Crisis Center four days after these experiences began, labeling the symptoms as marijuana flashbacks. Because she had a private psychiatrist, she was advised to seek his help and check back with us. The caller re-entered supportive individual psychotherapy for a period of approximately six months during which she was treated with antidepressant and antipsychotic medication. During this time, she did not experience any additional episodes.

The caller had an extensive psychiatric history. Hospitalization had been recommended many times in the past, but she declined to commit herself to inpatient therapy. She had used marijuana three to six times per week for the last four years with the exception of the six month period during her last pregnancy during which time she had abstained from all drug use. Stronger forms of *Cannabis* such as hashish and hashish oil had been used frequently. Use of hallucinogens, stimulants and depressants was denied.

She described her pregnancy, labor and delivery as uneventful but had unexplained crying spells commencing four days post-partum. It was felt that this clinical presentation represented post-partum depression, particularly in view of the ambivalence she expressed toward her newborn.

**Case 5:** A male in his early 20's called, complaining of "misinterpreting science." He refused to give any other identifying information. The caller stated he was homosexual and lived alone. The caller had apparently separated from his lover that evening saying "it was all for the best." His present difficulty began when he thought he heard knocking on the door, only to ascertain that it was the sound of a cat eating its food. Sitting in his apartment, he felt he was more capable than usual of clearly hearing conversations going on in other apartments and elsewhere. He also felt his bowel sounds were "too much like bird calls to be ignored." He felt that since increased visual and auditory appreciation were common marijuana effects for him, these increases in his acuteness must represent marijuana flashbacks.

The caller related a long history of involvement with the Defense Department and said that he holds several patents on various types of "engines." He also said he was personally cited by President Nixon for assigning the rights to many of his patents to the government. When asked where he got his ideas, he said "the Lord provideth," but was disinclined to elaborate. The conversations he was "tuning in on" were concerning his unusual ability to be "inspired" and plans to steal his ideas from him. Throughout the call, he demanded to know if the phone was tapped and what relationship, if any, existed between the service and law enforcement. The worker suggested that he might come to the crisis center for further counseling, but he did not appear.

### Hallucinosis

A group of callers whose "marijuana flashbacks" are more difficult to explain, tend to be typically well adjusted, heavy to moderate users of marijuana, currently undergoing some realistic life stress. These persons present mainly visual hallucinations without a concomitant loss of orientation or a more global thought disorder (Rosenthal 1964). However, this clinical picture is different from acute alcoholic or bromide hallucinosis in which the hallucinations are generally auditory and threatening in nature (Keeler 1968b).

These callers complain of hallucinations markedly similar to, but more intense than the marijuana effects noted by most observers. All members of this group of callers previously experienced perceptual and spacial distortions under the influence of marijuana on at least one occasion. The sensations are described as both frightening and enjoyable and their symptoms were only sometimes accompanied by anxiety or panic. The callers recognized the unreality of their hallucinations and perceived a connection between these perceptual distortions and their use of marijuana. Interestingly, many of these callers were physically fatigued. The period of their vulnerability to marijuana "hallucinosis" lasted from one month to four months with frequency of attacks ranging from a single occurrence to as many as twenty occurrences. All spontaneously remissed without

formal psychological intervention. The cases presented represent a persistent visual illusion and two "white outs," reportedly typical of LSD-type flashbacks (Woody 1970).

**Case 6:** An 18-year-old male, high school student complained of a sudden onset of image distortion while walking home following an unusually heavy day at school, which began with an early band rehearsal and ended with a student council meeting. He described the illusion of trees and houses appearing to bend down toward him in an arching effect. The caller was mildly upset by these experiences, but he maintained insight into their unreal nature. By the time he reached home (less than 15 minutes), these illusions had ceased. He called the Crisis Center to gain further insight into the nature of this experience.

The caller was a successful high school student and had received two state scholarships to continue his education through college. He used no drugs other than marijuana. His use of marijuana was mainly on the weekends, the last time being two days before calling the center. He had used marijuana on this basis for three years. He had noted similar spacial distortions which he termed "implosions" while smoking at home wherein sharp corners of rooms would turn into smooth curves in the appropriate light. The caller described a current serious disagreement between himself and his parents concerning going away to college or staying at home. He described this as "a big deal" in the family that weighed heavily on his mind.

The caller requested some additional counseling and was invited to attend an ongoing group therapy. The "implosion" effects occurred intermittently for approximately three weeks after the index call, after which time they ceased. During these three weeks, he had periodic awareness of his symptoms. His attendance at group was regular; his participation was good. Many family problems centering around individuation were worked through during the course of therapy. At the end of 12 sessions, he was selected by the group leader as ready for training in group leading techniques. Although the "implosion" effects have persisted during marijuana use, he has not experienced this effect without smoking at a 12 month followup.

**Case 7:** A 28-year-old married, social worker, initially called the Crisis Center to report a "white out" while smoking an unusually large amount of hashish. At this time, he felt oblivious to all external stimuli, but retained a vague awareness of them. The caller did not know how long this "white out" lasted, but he felt it must have been brief since none of his companions noticed his "absence." The original call report showed the intervention offered was educational in nature: "you've gotten really stoned, more than you are used to." This explanation was apparently sufficient at the time.

Approximately three months after the original call, the caller phoned again in some panic. He had been driving home on the freeway at dusk feeling disgusted after a particularly long day at work, when "at 60 miles an hour, I suddenly felt everything go white again. I managed to pull off the road before I lost all control. After I don't know how long, everything cleared and I was able to drive again. I don't know how long I was there, but it was just about sunset when it started and the sun still wasn't all the way down when I came to."

The subject described his adjustment to family and friends as good. At work, however, he was constantly at odds with his supervisor and was about to be discharged. He didn't exhibit any apparent thought or mood disorder. Memory, general intelligence and insight were intact.

The subject used no other illicit drugs, although he considered himself to be a rather heavy marijuana user. He was using no prescription drugs at the time although he said he drank a "shit load of coffee today." He had not used any marijuana "for several days."

The subject was invited to come down to the Crisis Center. At the Center that evening, he engaged in an informal discussion concerning his experiences and was advised not to be alarmed by them. He dropped into rap sessions frequently after that and the authors determined that up to eight months following this episode, the caller had not experienced any further unusual occurrences and had not decreased his use of marijuana.

**Case 8:** This caller is a 26-year-old married, truck driver, who had been driving down a local highway when three white point-sources of light in vertical position abruptly appeared at his extreme left lateral field of vision. As the caller turned to attend to these lights, it was as if they became white "paint brushes" and covered his entire field of vision with an increasingly blinding white film. Immediately pulling over to the side of the highway, he experienced a period of time without visual perceptions of any type other than a white field of vision bilaterally. He experienced various sounds during this time which he perceived as persons apparently trying to help him. He did not recognize, relate to or respond to these voices or experience any other evidence of people coming toward him. Abruptly, his visual fields cleared. The caller's subjective experience of time was that this "flashback" had taken hours. He ascertained by his watch that in fact, the experience had taken only about five minutes. He called the Crisis Center

requesting insight into his experience.

The subject is a former social worker who lost his job following an arrest for the possession of marijuana. He has since worked as a truck driver and house painter. He has been married for four years and is currently undergoing negotiations for a divorce. He has two daughters, ages one and three.

He is using no medications and denies any use of hallucinogens, amphetamines or barbiturates. During the last two months, however, the caller has used marijuana at least once daily. During the time of this experience, he noted that he was both physically exhausted and having particular difficulties dealing with his many current life stresses. Although he denied the use of hallucinogens, his descriptions of previous marijuana experiences (marked degree of spatial distortion and alteration in his level of consciousness) suggested that he used either highly potent marijuana preparations or large doses of marijuana. He described his experience of the "white out" as terrifying, and the call itself offered him little reassurance even though he never lost sight of the fact that this phenomenon was drug-induced. He seemed disgruntled and discontent over the telephone and did not attend the drop-in group recommended for him that evening.

**Case 9**: A 26-year-old single, female, special education teacher called the Crisis Center to determine the etiology of certain visual illusions she was experiencing that evening. She reported halos around lighted objects, especially red halos around blue lights and starry patterns emanating from point-light sources. She said that originally she believed these effects to be from a blurring caused by tears in her eyes due to air pollution. Finding herself unable to blink away these illusions, she was beginning to be upset.

The caller has used marijuana more than twice a week. The last time the caller had used marijuana was three days before the call. She had never had any of these severe symptoms prior to a few days ago; however, she did recall similar but less intense effects occurring under the influence of marijuana. Except for alcohol, cigarettes and coffee, no other prescription or non-prescription drugs were utilized by this caller.

During a discussion of the tears in her eyes, the worker elicited that this person was, in fact, in a severe emotional crisis, having recently separated from her boyfriend following a long and intimate relationship. This seemed to be the precipitating cause for her increased use of marijuana. Despite her apparently severe depression, the worker ascertained that the caller was not interested in the type of alternative therapy offered at the Crisis Center and the caller was referred to a more traditional psychotherapist. According to this psychotherapist, she evidenced a high degree of hysterical personality organization. Other than this, she has not been available for further followup.

### Enhanced Appreciation of Environmental Stimuli

The use of marijuana provides an opportunity for many people to become aware of the world around them in new and different ways (Smith & Mehl 1970). Although no cases for this category will be presented, the search revealed no fewer than 12 callers reporting to the Crisis Center that they felt *as if* they were intoxicated. This means that an individual begins to listen to music with an intensity and fervor that s/he had heretofore only known while being intoxicated with marijuana, or a person may awaken in her/himself a new appreciation for the wonders of nature which persist beyond the period of intoxication. After spending 30 minutes dissecting the delicate parts of a flower, a person may feel that during that period s/he was, in fact, intoxicated. These awarenesses are of relatively short duration and clearly only a variant of socially acceptable behavior.

It is felt by the authors that these reactions represent learned variations in the user's lifestyle, a recurrence of new perceptual awarenesses first gained while using marijuana. This may be explained to the user concerned by a "marijuana flashback" of this type. It is often also helpful to consider these episodes as possible déjà vu events, or the illusion that a perceived situation has occurred before.

The ages of these callers were varied. They tended to have no outstanding psychiatric history of symptoms or diagnosis. Also, these callers tended to readily accept explanations offered by the staff. The phenomena of "contact high" may also be implicated here, in which an individual experiences a marijuana-like intoxication in the physical presence of those using marijuana without actually taking the drug.

In fact, many of them often call "just to let us know." Followup data for these callers are not complete because they were not seen in crisis. Their attitude toward the experience is generally pleasant and pleased.

### Questionable Cases

A large number of calls to the Crisis Center are indexed as marijuana flashbacks. However, many of these "flashbacks" do not fit into our four categories. No fewer than 30 such cases contacted the Crisis Center during the period under study. These persons may have experienced psychotic reactions, reactions due to the use of other drugs (Horowitz 1969; Stanton 1972), or they

simply may have been insincere. In addition, inexperienced hallucinogen-users who have used marijuana previously often describe their initial hallucinogenic experience in terms of marijuana-induced sensations. These questionable cases tend to be in the middle range of the callers with varying psychiatric histories, symptoms and diagnoses; they tend to be help-rejectors and most often would not attend followup therapy when suggested by the worker. The calls presented include four examples of dubious cases.

**Case 10:** A 32-year-old divorced, female, office worker called the Crisis Center complaining of fits of uncontrollable, inappropriate hilarity that apparently occurred only during her working hours. The reaction had begun four days prior to her call. She attributed this reaction to a marijuana flashback because hilarity was one of the principal effects of marijuana for her. She could not offer any precipitating cause or change in her lifestyle or life stresses prior to the onset of these symptoms.

The subject was a very casual user of marijuana, utilizing the drug perhaps only once or twice a month, commencing about a year prior to the time of the call. The last time she had used marijuana was apparently two weeks prior. The subject used alcohol two to three times a week and has been using alcohol for the last fifteen years. She denies any other drug usage including cigarettes.

Although she complained of these symptoms being somewhat bothersome and requested further counseling, she never appeared at the Crisis Center and was therefore not available for further followup.

**Case 11:** A 23-year-old male, medical student walked into the Crisis Center relating an episode of compulsive fixation on objects, fascination with detail, and the perception of increased illumination of his car instrument panel. He had noticed these altered perceptions for three days (which did not, however, interfere with his driving). He reported that he does well in school and apparently relates well to both his family and peers. He is unmarried and lives at home.

The subject had used marijuana since age 18. He was currently using marijuana one or two times per week. The last use was the evening prior to coming to the Center. He used LSD on twelve occasions, the last time, two weeks prior to this episode. He used alcohol occasionally and denied the use of cigarettes or depressants.

The subject was not complaining about his symptoms; he wished only to gain some understanding of the etiology and perhaps share the occurrence with others. For this reason, he declined any form of therapeutic intervention. The workers with whom he spoke felt that he was in control of his reason and exercised good judgment. Approximately three months after this episode, the subject was seen informally by one of the workers at which time he stated that the effects he previously described persisted for five days and tapered off in intensity. He said he had had no recurrences following that experience.

**Case 12:** A 17-year-old female, high school student complained of dozing in class which she referred to as a marijuana flashback because sedation was the principal marijuana effect for her. Shortly after the call began, the caller suggested she was really calling for a friend. The call ended abruptly when the caller hung up. No further information or followup was available. The worker's impression of this call was that it represented a hoax.

**Case 13:** A 20-year-old unemployed, single male called complaining of a marijuana flashback occurring earlier in the day. His complaints consisted of free-floating anxiety, hot and cold flashes with palpitations and curiously dry palms and forehead. In addition, he experienced an extreme overestimation of his time sense. He felt that this experience had taken the greater part of the day, but his friends assured him that it had only been a few hours. His own continual glances at clocks during the experience failed to orient him to time. The caller noted that these symptoms were similar to the kind of experience he had had the first time he had used marijuana, except that he felt terrified this time.

The caller wanted relief and insight into the nature of his difficulties. At the time of the call, the subject's primary thought was that he was going insane. In the course of the discussion with the crisis worker, two facts were elicited which caused the worker to doubt the self-diagnosis of marijuana flashback. First, the subject mentioned in passing that he had just returned from a very upsetting visit with his mother. When returning home after this visit, he used marijuana and experienced a mild reaction that he identified as anxiety. Second, the caller was using a preparation for relief of upper respiratory symptoms containing the potent anticholinergic, scopolamine. The caller admitted to taking over 20 of these capsules over the last 48 hours in an apparent attempt to forestall a cold.

The subject lives alone and has no siblings. His father died of a heart attack ten years earlier. The caller completed high school at age 18 with no significant expectations of employment and remains unemployed. The subject indicated that his use of marijuana was almost daily with his initial use of marijuana at age 16. He said he has used LSD as frequently as weekly, but at

the present time uses LSD approximately once every month. Amphetamines, barbiturates and opiates were used occasionally, none intravenously. He related several anxiety-provoking drug experiences.

These varieties of symptoms prompted the worker to invite the caller to the Crisis Center where he received support and reassurance. He was also informed that the apparent overdose of the anticholinergic ingredients in his allergy pills may be directly related to his physical and emotional discomfort. With this intervention, his symptoms abated rapidly. No further followup was available.

## DISCUSSION

The concept of a flashback phenomena due to marijuana intoxication is not a popular notion. In fact, few reports of this phenomena appear in the literature. Milman (1971) describes a case of an acute psychotic reaction to marijuana with flashback phenomena, but explains her findings by indicating a pre-existing personality disorder. Woody (1970) examines reports of marijuana-using males who experienced "seeing something in the road ahead which wasn't there." Annis (1973) suggests that flashbacks may often be triggered by an experience that reminded the user of the original circumstances of marijuana use. People with psychotic histories may be especially prone to flashbacks. Concern about the flashbacks may lead to their occurrence by bringing the memory of the original experience closer to the level of consciousness.

The most extensive work to date concerning marijuana flashbacks is that of Hasse and Waldmann (1971). They discuss four cases in which marijuana was the only drug used and 43 others in which LSD was used in addition to marijuana. These authors feel that the flashbacks are not in the nature of reminiscences but represent a psychotic condition. These conditions are often intentionally evoked, but may continue in an uncontrollable fashion. They described three types of flashbacks: 1) the psychedelic type in which extroverted users experienced various types of episodes, 2) the neurotic type, characterized by anxiety lasting for hours to days, and 3) the acute confused type which may last for weeks and is seen mainly in younger users of low/average intelligence.

The present review of persons complaining of self-diagnosed marijuana flashbacks shows they represent a sampling of all ages, sexes, marital status and occupations serviced by the Crisis Center (Levy & Brown 1974). Their drug use histories were difficult to evaluate as were their treatment outcomes. It is the belief of the authors that while it is possible that marijuana flashbacks may in fact occur, the cases presented may be more parsimoniously explained by alternative etiologies described in the body of this paper.

## SUMMARY

Thirteen cases of self-diagnosed marijuana flashbacks are presented. These are spontaneous recurrences of feelings and perceptions similar to those previously induced in the subjects following the use of marijuana. These cases are presented to familarize the physician with the user-held belief in the flashback potential of marijuana, and to suggest that this may be an instance where self-diagnoses might be questioned.

The examination of the available followup data suggests two conclusions. The cases that were followed did not seem to represent gross psychiatric impairment and cleared with supportive intervention only. It may therefore be unwise to treat these cases as psychiatric emergencies. The need for antipsychotic medications and traditional psychotherapy would then appear obviated. Second, the diversity of etiological considerations would mitigate against accepting the self-diagnosis of the user as accurate or even the best approximation available.

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